



# Employee News

**News and information for employees working  
at Muscatatuck SDC and Madison State Hospital**

## State works to ensure families know all options

### MEETING ANNOUNCEMENT

The next meeting of the  
**Southeast Regional Project  
Team:**

**September 26, 2001**  
10 a.m. – 1 p.m.  
**Columbus City Hall**  
123 Washington Street  
Columbus, Indiana

### TRANSITIONS

Twenty-two residents have left Muscatatuck in the past three months. No residents have moved into nursing homes or large ICFs/MR.

Since the announcement of MSDC closure, about 86 staff (out of 976 state employees) have resigned. Many have transferred to other state positions. The 86 staff worked in the following job areas:

- direct care staff (38)
- food service workers (7)
- maintenance (5)
- secretary/clerical (6)
- registered nurses (4)
- supervisors (5)
- professional staff such as accountants; behavioral clinicians (8)
- other (13)

As a result of overtime scheduling and a decline in resident census, the normal 1:4 staff to resident ratio has been maintained.

State officials are taking steps to make sure that families of Muscatatuck residents are presented with all the appropriate options for services, according to Steve Cook, Deputy Director of BDDS. Reporting at the July 25 meeting of the Southeast Regional Project Team, Cook said work teams have been making sure all options and choices are explained.

“We want to educate the families on all options, to make sure everyone understands all the options,” Cook said. “We want to make sure they have a choice of providers, both by area and by service.”

There are currently 266 people at Muscatatuck. About 90 of them have initiated the planning process for alternative placements. The 80 people at Madison who are developmentally disabled also will go through the person-centered planning process.

New FSSA Secretary John Hamilton chaired the July 25 meeting, during which updates were provided regarding plans for Muscatatuck State Developmental Center, Madison State Hospital and the development of the southeast Regional Services Center.

Nine work groups gave reports to the group and audience. Families, employees, residents and other interested parties attended the meeting. State legislators present

included Senator Becky Skillman, Senator Marvin Riegsecker, Senator James Lewis and Representative Gloria Goeglein.

A report on the census of the two facilities was provided. As of May 1, Muscatatuck residents are:

- 62% male
- 96.8% white
- 51.6% aged 36-50
- 57.3% have lived at the facility for over 30 years
- 69.9% profoundly developmentally disabled
- 22.2% originally from Marion County.

As of May 1, Madison residents are:

- 78% male
- 89% white
- 38% aged 36-50
- 5.8% have lived at the facility for over 30 years
- 14% originally from Marion County.

Of the twenty-two people who left Muscatatuck in the past three months, no residents have moved into nursing homes or large ICFs/MR.

Provider fairs are planned to help families learn more about potential providers. More information about the fairs is available on page 3.

The **Configuration Work Group** reported that, at this time, about half of the 160 beds targeted for the

# Placement Guidelines

The Bureau of Developmental Disabilities has the sole authority to place residents of state facilities into community-based settings, according to Steve Cook, Deputy Director of the Bureau of Developmental Disabilities Services.

Cook recently announced interim placement guidelines, which will be used until a written policy is finalized. **He emphasized that by state law, placement authority cannot and should not be delegated to the staff at either Muscatatuck or Fort Wayne state developmental centers.**

BDDS staff is responsible for assuring that persons with developmental disabilities have service plans that meet individual needs in the least restrictive environment. BDDS is responsible to assure that each placement from MSDC and FWSDC is appropriate to the individual's needs.

Cook has instructed staff to make sure that the following guidelines have been followed before giving final approval for placement of any individual:

- 1. The individual has a person-centered plan and as a part of that plan, they had the opportunity to be fully informed of ALL programmatic options. For example, all individuals have the right to know about group home, supported living, LPICF/MR, Nursing Facility and SDC services. All of these are options, even though part of the planning process may result in consumers being determined ineligible for some of these options. Consumers and their families have the right to know factual information about all options.*
- 2. Once a consumer and their families have chosen to explore one or more option, they should be given information about all providers so they can have a choice of providers.*
- 3. If a consumer is without a guardian/family, BDDS should assist in making sure that someone "outside" of the process (not MSDC/FWSDC or Community provider staff) helps guide the consumer through the placement process. If a consumer has no guardian/family involvement, BDDS should solicit involvement from an outside advocacy organization to assist consumers in this manner.*
- 4. Prior to finalizing and approving a placement, BDDS staff need to review the Person Centered Plan and the Individual Support Plan to ensure that these very important components to each transition are in place and that they are consistent with the service plan developed by BDDS.*
- 5. Before approving a placement, BDDS staff should document that residential, behavioral, medical, transportation, housing and other supports needed are in place for each individual.*
- 6. If a consumer is going to have roommates/housemates, BDDS staff should document that the consumer was aware of, and chose to live with, their roommates/housemates.*
- 7. If a consumer chooses supported living, proposed budgets should be based on documented needs, because there are no arbitrary caps, only the overall cost effective factor of the waiver program.*
- 8. For clarification purposes, facility staff (MSDC and FWSDC) have the role of identifying the needs of persons who will leave those facilities. Their input is invaluable and must be taken into account; however, BDDS is the placement authority and no one should move from any SOF without BDDS staff being aware of the planning process and without BDDS ensuring that consumers and their families understood their residential and day support options. In addition, BDDS should not approve placements unless it is clear that consumers and families were given choices among providers who operate the service options that consumers selected. While it is not the role of MSDC and FWSDC staff to formally check on the placements of former residents, they are encouraged to continue their relationships by visiting them once they've transitioned out of MSDC or FWSDC.*
- 9. It is important that consumers and their families understand the quality assurance systems in place for all options. For example, families should be provided with information regarding the DOH oversight of ICF/MR operations and the BQIS oversight of the supported living program. In addition, as the placement authority, we have the responsibility to refrain from placements in ICF/MR facilities if the facility has a condition of participation out of compliance. Similarly, we should not hesitate to refrain from supported living placements if the provider has unresolved incidents that reflect concerns over protection of consumer rights and safety, adequate staffing, consumer services, behavioral support practices, physical environment or governing body operation over the services provided.*

Mr. Cook thanked staff for their efforts during these extraordinary times. He also cautioned them to fully exercise their authority over placements in a "thoughtful, person-centered manner - taking the time to do things right, and the time to do the right things, for those we serve."

# Q&A

**Q.** How will State budget cuts affect the closure of MSDC, the downsizing of MSH, and the development of the Southeast Regional Services Center?

**A.** Although FSSA must cut \$29 million from its budget, none of these cuts will impact our ability to create the Southeast Regional Center.

**Q.** Why close MSDC if full Medicaid funding has been reinstated?

**A.** We are committed to community-based services as a way to provide the best care for some of our most vulnerable citizens.

**Q.** Then why make capital expenditures at MSDC if it will close?

**A.** Until MSDC closes, the buildings must be maintained for the well-being of the residents and employees that remain.

**Q.** What about retention scores for employees at MSDC and HSM?

**A.** While retention scores are not published, any employee who receives a notice of layoff may have the accuracy of their score reviewed.

**Q.** What is the relationship between person-centered planning and budgets?

**A.** Individual budgets will be created through the person-centered planning process. This process focuses on determining the needs of

the client, and developing a budget driven by those needs. There will be no monetary caps on what an individual can receive.

**Q.** Will the new Regional Service Center have all of the services needed in the region?

**A.** The Regional Service Center will have the services that are needed but not available in the community. It will not have services that, due to rarity or expense, require only one or two locations statewide.

**Q.** Will the new Regional Services Center have addiction services?

**A.** While there is need for longer term residential addiction treatment, it's not clear that the state needs more than one such program. FSSA will evaluate options (expanding community services, expanding services at Richmond, leaving services in the regional center, etc.) after the Configuration Work Group gives its report.

**Q.** What happens if the family or guardian doesn't agree to their loved one's proposed placement?

**A.** So far, this has not happened. However, as more parents and guardians become actively involved in the planning process, there may be some who never agree to move their loved one from MSDC. In these cases, we will provide an alternative that is most appropriate for the individual resident, which may or may not be state-run.

## Family Meetings & Provider Fairs for Persons with Developmental Disabilities

**Saturday, September 15**

### Columbus

**Developmental Services, Inc.**

2920 10<sup>th</sup> Street

812-376-9404

12:30 p.m. - 2:00 p.m.

*Family Meeting*

2:00 p.m. - 4:00 p.m.

*Provider Fair*

### Madison

**Madison State Hospital**

711 Green Road

812-265-2611

12:30 p.m. - 2:00 p.m.

*Family Meeting*

2:00 p.m. - 4:00 p.m.

*Provider Fair*

Case Managers and Service Providers will be in separate rooms.

# Contact Us!

FSSA maintains a web site, a toll-free phone number, and this newsletter to keep MSDC and MSH employees fully informed. Any family members or guardians who would like to receive this newsletter can call the toll-free number listed below, leave their address information, and ask that they be added to our mailing list.

The web site features the questions discussed during family and employee meetings, the final report from the Governor's Council on State Operated Care

Facilities, updates on the *Olmstead* process, articles, and more.

You can visit the web site at: <http://www.IN.gov/fssa/transition/index.html>.

To request copies of any of the items on the web site (or to send a letter) write to:

**Secretary, FSSA**  
**402 W. Washington St.,**  
**Room W461**  
**Indianapolis, IN 46207-7088**  
**Attn: MSDC/MSH**

You can also send an email to: [OfficeOfTheSecretary@fssa.state.in.us](mailto:OfficeOfTheSecretary@fssa.state.in.us)

Please call **1-800-903-9822** with any comments, questions, or concerns you have. This number is toll-free, and available 24 hours a day. You can also call this number if you have concerns about the services that your loved one receives after leaving MSDC or MSH.

## Southeast Regional Project Team Meeting

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Southeast Regional Services Center will be needed to serve people with developmental disabilities.

FSSA official Dale Marion said some people are worried that not enough beds would remain to serve the other groups involved in the regional center. Marion said that 82 medically fragile and "high behavior" individuals now at Muscatatuck will need beds at the new regional center.

Karen Kinder, Director of FSSA's Division of Budget and

Finance, and the Chair of the **Finance Work Group**, reported that a study of Muscatatuck residents, using the person-centered planning approach, determined that the cost to serve people after Muscatatuck closes will be about \$2 million less than originally believed. She stressed that the work group has not used "a cookie-cutter approach," with no cap in expenditures.

"Our job is to make sure we can carve those dollars out to follow the

person into the community," she said, adding that residents with dual diagnoses or mental illness have not yet been studied.

**Secretary Hamilton stated that although FSSA must cut about \$29 million in funding due to the State's revenue forecast, the cuts will not impact our ability to create the Southeast Regional Center.**

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INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION

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